FOCUS PDCA

AIP OR PRECEPTORSHIP

Find a Process to Improve:

**Opportunity Statement:**

*Preceptor roles/responsibilities/education/expectations are undefined and under supported in conjunction with high turnover rate and quantity of novice staff.*

Tools/Source: Staff discussion, physician feedback, staff turnover, Preceptorship Survey results

**Dimensions of Performance:**

*Efficiency, Staff Satisfaction, Safety, Continuity*

Organize a Team:

Preceptor Council Chair/Perioperative Clinical Scholar (Lynette Zandovy), OR Educator (Kaci Meddings), PACU Educator (Monica Brock), AIP OR Assistant Nurse Manager (Shauna Sutton) Professional Resources Liaison (Bebe Hoff), AIP OR Charge Nurse (Joanne Gadol) , OR Preceptorship Council Member/Evidence Based Practice Champion, Clinical Nurse (Megan Hellrung)

Clarify the Current State:

Preceptorship in the Operating Room is a high demand role that primarily lacks role definition and organization, is not abundantly supported and does not hold any accreditation. This issue is supported via general discourse and discussion of staff frustration as well as novice staff recognition of lapses in education and management support. Feedback has also been provided from attending surgeons about incomplete education of OR staff.

1. A primary pre-intervention survey (AIP Preceptorship Survey) will be created to assess OR staff opinions and satisfaction with preceptorship

• *Goal is to collect statistical data/trending themes related to perceptions & expectations*

 (The survey will identify the perceptions of the preceptor role and preceptor characteristics, the frequency at which staff must act as a preceptor, rewards associated with preceptorship, previous preceptor training, etc.)

1. A literature review of current nursing-based preceptor education/preceptorship programs will be completed

• *Goal is to utilize evidence-based practice results for quality development*

1. With survey data and literature review will facilitate the development of an OR specific preceptor program curriculum that includes a clear set of criteria and goals for precepting alongside a defined role description and clinical experience qualifications
* *Goal is to create a course and present/teach unit specific curriculum for the AIP Operating Room Staff via Preceptor Manual and PowerPoint Presentation*

Understand Root Causes:

The AIP Operating Room is a specialized care setting that requires specific and extensive training. In midst of an expansion, additional stress has been placed on orientation time and orientation resources. Experienced OR staff are expected to complete the increased case load and to properly educate and support the significant influx of new staff. The increased ratio of novice to experienced staff reality results in insufficient staffing and in turn affects staff experiences/satisfaction. Barriers to preceptorship include the lack of recognition, informal or no preceptor training, increased workload, new specialty service development and arrival of new surgeons as well as preceptor fatigue.

Select the Improvement:

SMART Aim Statement: To clarify and standardize the role of the preceptor from vague principles and inconsistent practices to a formal position with a clearly defined role description, organized professional practice guidelines and clinical experience qualifications through the implementation of a OR Specific Preceptor Course and curriculum by May of 2015 in the AIP Operating Room.

Plan the Improvement:

The improvement intervention includes an OR specific Preceptorship course with clearly outlined curriculum (addressed in the OR Preceptor Manual) that both supports and challenges the preceptor in the clinical setting. To goal is to ultimately standardize the process of preceptorship through specific curriculum to assist with the education and training of novice staff to unit. The curriculum will identify the following:

•• Perioperative Leadership Chart

• Staff Development through Nurse Hierarchy Chart *(Benner’s)*

• OR Preceptor Role Description

* Basic Preceptor Classroom Tool

• Preceptor and Preceptee Evaluation Tool

• AORN Perioperative Orientation Resources

 • Weebly Specialty Service Orientation Sheets

• Surgical Wound Tree

* OR Specific Facilitated Discussion Questions

Do the Improvement:

Initial presentation of the planned project (OR Preceptor Course & Manual) will occur via presentation of the AIP OR Preceptor Survey Results at weekly staff meeting in January of 2015. Preceptor Course invites will be distributed to staff in February of 2015 and the first round of the AIP OR Specific Preceptorship Course and Manual Presentation will occur in March of 2015.

Check the Results:

Follow up is essential to monitor effectiveness and satisfaction with the newly developed curriculum and training. After the implementation of the OR-Specific Preceptorship Course to a primary group of staff, two surveys will be distributed for both the staff that has completed the training and also for those who have been precepted by the newly trained staff. These follow up surveys will be distributed at four and eight weeks post-course in order to collect continuing data. Individual interviews will also be done (at random) to assess satisfaction with course and curriculum.

Act and Determine Next Steps:

Reviewing and comparing the post-course survey data encourages continued offerings of future courses and/or additional quarterly offerings of the course. Continuing to offer and expanding the course to tributary units such as SPD and AOP as well as sister hospital’s for system-wide standardized training will continue to support the validity of this course. Continuous review of the curriculum will keep the course content current as well as altering the framework in conjunction with the hospital’s model and will keep the course aligned with UCH’s preceptor training expectations.